STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM See Instructions and *Privacy Statement on Reverse Side Traveler ID Unit Code 210 Traveler ID Unit Code 210												O YES		
	262 (REV.		210	UHI							age	of	Pages	
CLAIMANT'S NAME Fiscal Year Karen Baker 2008-2009			2008TE0		SSN OR EMPLOYEE NUMBER*					OF OF	RTMENT R			
POSITIO Seci		of Volunteering and	CB/ID NO.: EXEMPT		CaliforniaVolunteers							PCA # 21102		
RESIDENCE ADDRESS*						1110 K Street Suite 210							TELEPHONE NUMBER 916-323-7646	
						CODE CITY						STATE	ZIP CODE	
Sacramento CA						Sacramento		1		CA		958		
(1) MONTH/YEAR Jan 2010		LOCATION	(4)	(5) MEALS		l	(6)	(7) (A)	TRANSPORTA		(D)		(8)	(9)
(2)		WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	COST OF TRANS.	TYPE	CARFARE, TOLLS,	PRIVAT MILES	E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSE FOR DAY
1/12	1400	Sac/San Diego	LODGING	PAGI	\$6.26	\$18.00	IALO		USEC	PARKING	18	\$9.00		27.0 \$33.2
1/13		San Diego/Sac		\$6.00	\$4.82		\$6.00			\$9.00	18	\$9.00		\$34.82
	1640	- Cam Diogologo										\$0.00		\$0.0
												\$0.00		\$0.0
												\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
				Г	- F	(a) (d)	n ne	: c				\$0.00		\$0.00
	_					<u> </u>	<u>IV</u>	177.1				\$0.00		\$0.00
	-					EB 2	2 2010			,		\$0.00		\$0.00
					01777	4 CANN	To vione	1				\$0.00		\$0.0
				L		DISTEATE		S				\$0.00		\$0.00
												\$0.00		\$0
(10)	SUBT	OTALS		\$6.00	4.82	\$18:00	\$6.00			\$9.00	\$36	18		61.82 \$68.08
	ce	EUMN-CODE(ACCTG. USE C	NEY)								**************************************			
			·							CLAIM	TOTAL	- \$(61.82	\$ 68.08
, ,		TRIP, REMARKS AND DETAILS (Attach	•	when require	ed)						/12)	NUBWY W	DK HULIDS	
Attended Southern California VOAD Summit ——											(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289 (14) MILEAGE RATE CLAIMED .50			
									•		AGE		OUNTANG EGNLY	OFFICE
											PAID BY REVOLVING FUND CHECK NUMBER \$0.50			
THEREB privately	Y CERTIFY	Y That the above is a true statement of the icle was used, and if mileage rates exceenave met the requirements as prescribed by	travel expenses	incurred by m	ne in accordar	nce with DPA	rules in the se rehicle was e	ervice of the Sta	ate of C	alifornia. If the rate			40	. = =
claimed,	7	nave met the requirements as prescribed by	y SAM Sections	0750, 0751, 0	752, 07 3, an	d 0754 pertai	ning to vehicl	e safety and se	at belt	usage.	<u>i</u>	AYMENT	DATE .	
,, ugr	y t 1 3 3		1	/	1/17	THE STATE OF THE S			**				1 73 78	2.10